24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) CONCERNED AMERICAN VOTERS		FEC IDENTIFICATION NUMBER ▼ C C00525899
		C 000223699
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination
Mailing Address 11421 Davenport St		Amount
City State	Zip Code	721.21
Omaha NE	68154	Transaction ID: WFT2014532321-1 Date of Disbursement or Obligation
Purpose of Expenditure Phone minutes	Category/ Type	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support O	ffice Sought: X House District: 07
Birman Igor	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee Employee payroll		Date of Public Distribution/Dissemination
Mailing Address 3030 Clarendon Blvd, Ste 204		Amount
City State	Zip Code	3145.00
Arlington VA	22201	Transaction ID : WFT2014532323-1 Date of Disbursement or Obligation
Purpose of Expenditure Employee payroll	Category/ Type	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support O	office Sought: X House District: 07
Birman Igor	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		olsbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		3866.21
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	•	3866.21
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authority party committee) any political party committee or its agent.	•	•
	tronically Filed] Date	06 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		